## IN THE UNITED STATES DISTRICT COURT FOR THE

MIDDLE DISTRICT OF ALABAMA

## AFFIDAVIT IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS

	intiff(s)	louis boyd  V. SYLVESTER NETTLES  ARNOLD HOLT  DONAL CAMPBELL	2:05cv981.
Def	endant(s	S)	
proc	, costs, eeding ecuted f	RODERICK COOPER, being first duly e above entitled case; that in support of my motion to proor give security therefor, I state that because of my pover or to give security therefor, that I believe I am entitled for any false statement which I may make herein.	oceed without being required to prep rty I am unable to pay the costs of sa to relief. I recognize that I may I
		ther swear that the responses which I have made to ques	stions and instructions below are tru
١.	Are :	you presently employed? Yes ( ) No (*)*	
	Α.	If the answer is YES, state the amount of your salar name and address of your employer.	ry or wages per month, and give th
	B.	If the answer is NO, state the date of last employment per month, and give the name and address of your em	nt and the amount of salary or wage nployer. 3/07/92
•	Have	you received within the past twelve months any money	from any of the following sources?
•	•	Business, profession, or form of self-employment?	
•	A.	- semi-employment?	Yes() No (+x)
	A. B.	Rent payments, interest, or dividends?	Yes() No (***) Yes() No (**)*
•			
	В.	Rent payments, interest, or dividends?	Yes ( ) No ( *)*
	В. С.	Rent payments, interest, or dividends?  Pensions, annuities, or life insurance payments?	Yes ( ) No (*)* Yes ( ) No (**)

•		3.	Docket No			
	•	4.	Name of Judge to whom case was assigned			
		5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?			
		6.	Approximate date of filing lawsuit			
		7.	Approximate date of disposition			
11.	PLACE 28779	OF F	PRESENT CONFINEMENT <u>LIMESTONE CORRECTIOMNAL FA</u> CILITY K DAVIS ROAD HARVEST, ALABAMA 36089	7		
	PLACE	OR I	INSTITUTION WHERE INCIDENT OCCURRED UNITY CORRECTIONAL FACILITY P.O.BOX 5107 USA, 36089			
111.	NAME <u>AND ADDRESS</u> OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR CONSTITUTIONAL RIGHTS.					
			NAME ADDRESS			
	1	LOU,I	S BOYD P.O. BOX 5107 UNION SPRINGS, ALA. 36089			
	<del>-2</del>	SYLV	ESTER NETTLES P.O. BOX 5107 UNION SPRINGS, AL. 36089			
	3	ARNO	OLD HOLT P.O. BOX 5107 UNION SPRINGS, AL. 36089			
	4	DONA	L CAMPBELL 1400 Lloyd Street Montgomery, Al. 36107			
	5					
	6	<del></del>				
IV.	THE DA	TE U	PON WHICH SAID VIOLATION OCCURRED AUGUST ,18,2004			
V.	STATE I	BRIEF OUR (	FLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:			
	GROUN	D ON	E: DISCRIMINATION / EQUAL PROTECTION OF LAW (14th Amen	ıd)		

## **INFORMATION REGARDING PRISONER ACCOUNTS**

The Prison Litigation Reform Act, Pub. L. No. 104-134, §804, requires a prisoner seeking to proceed in forma pauperis to submit information regarding his prison or jail trust account for the six months preceding the filing of the complaint. This information must be obtained from the appropriate official of each prison or institution at which the prisoner is or was confined within the past six months. This information must be certified by prison or jail personnel and must include both the total deposits made to the prisoner's account each and every month for the preceding six months and the average monthly balance in the account each and every month during the preceding six months. Information for six full months must be provided.

<b>CERTIFICATION</b>
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I hereby certify that prisoner Audurick Coper 180136 has been incarcerated in this institution since August 17, Mod, and that he has the sum of \$0. in his prison or jail trust account on this the 2th day of August, 4265. I further certify that the information provided below is true and correct.

	Month/Year	Total Deposits Received	Average Account Balance
Month 1 Month 2 Month 3 Month 4 Month 5 Month 6 Current month (if less than full month)	March May July July Jugart Leptomber	\$ 65°° \$ 20°° \$ 50°° \$ 75°° \$ 00° \$ 00° \$ 00°	\$0.22 \$1.69 \$09 \$_5.49 \$_0.01 \$_5.85 \$21
se dementioned in		Martha Helder Signature of Authorized Of  Samuelone Conse  Name of Institution	Ficer of Institution  Chanal Farridg

## Case 2:05-cv-00981-MHT-CSC<sub>ATE</sub>Dacument<sub>BAMA</sub> Filed 10/13/2005 Page 4 of 4

DEPARTMENT OF CORRECTIONS LIMESTONE CORECTIONAL FACILITY

AIS #: 180136 NAME: COOPER, RODERICK

AS OF: 09/02/2005

I	MONTH	# OF Days	AVG DAILY BALANCE	MONTHLY Deposits	
	SEP	28	\$0.86	\$60.00	
	OCT	31	\$2.14	\$50.00	
	NOV	30	\$6.50	\$50.00	
	DEC	31	\$32.15	\$220.00	
	JAN	31	\$42.21	\$75.00	
	FEB	28	\$8.50	\$80.00	
	MAR	31	\$0.22	\$65.00	
	APR	30	\$1.69	\$20.00	
	MAY	31	\$0.09	\$50.00	
	JUN	30	\$5.49	\$75.00	
	JUL	31	\$0.01	\$0.00	
	AUG	31	\$5.85	•	
	SEP	2	\$0.21	\$100.00 \$0.00	